

ENHANCED HPC APPROACH

Accountability to Affected People in the Humanitarian Needs Overview

Background

Accountability to Affected People (AAP) is the active commitment by humanitarian actors to use power responsibly to take account of, give account to, and be held to account by the people they seek to assist. It is a rights-based framework grounded in the rights, dignity, capacity and safety of people through the responsible use of power in humanitarian action. This means providing information to communities; ensuring humanitarian agencies’ decisions are informed by their views; and enabling affected communities to assess and comment on agencies’ performance, including on sensitive matters such as sexual exploitation and abuse (SEA).

The collective accountability of the humanitarian community is improved when there is robust overall response planning and monitoring, coupled with cross-sectoral community engagement informed by international commitments, standards and guidance. Collective accountability is essential to meeting organizational and collective commitments as outlined by the Inter-agency Standing Committee (IASC) Commitments on AAP and Protection from Sexual Exploitation and Abuse (PSEA)[[1]](#footnote-1), the Grand Bargain Participation Revolution Workstream and the Core Humanitarian Standard on Quality and Accountability (CHS).

These commitments, standards and accompanying guidance, supported by tools such as Inter-Cluster Coordination Group (ICCG) and the Humanitarian Country Team (HCT) Terms of References’, advocate for and guide collective approaches to accountability; inter-sectoral coordination of information sharing, accounting for community perceptions and participation; systematic links between community feedback and corrective action; and the demonstration of analysis and consideration of all affected community groups throughout response planning and the strategic monitoring of it.

Integrating community engagement into the Humanitarian Needs Overview (HNO)

Community engagement is critical to an accountable response as different people are impacted by emergencies in different ways in different places. Without community engagement, responses can’t be tailored to their unique needs and will service providers will not be held to account. The HNO is required to *‘present which humanitarian needs affected people and/or their representatives consider a priority’*. It must ‘**identify whether communities were engaged, and their voices reflected in the analysis’** and ensurethe following areas are integrated[[2]](#footnote-2):

1. Making explicit whether there are differences between priorities expressed by affected communities, according to their gender, age and disability;
2. Identifies the information needs and communication preferences of affected communities;
3. Includes information collected directly from affected communities rather than only via their representatives or sectoral experts in each key sector; and
4. Explains how information from communities was analyzed and references how complaint and feedback mechanisms (CFMs) were used.

***Before you write an HNO***

HNOs must *fully reflect* a community engagement **process** and not just include generic text. This requires preparation before drafting the HNO. It is important for OCHA staff to engage appropriate colleagues and partners early in the assessment phase, to do (at a minimum) the following:

* Agree with ICCG that the design of assessments will capture the diversity of age, gender, disability, displacement status, ethnicity, and other relevant characteristics of the context (i.e. not just community leaders for example) and data disaggregated, and analysis undertaken accordingly.
* Work as early as possible with the community engagement coordination structure in country to gather information. This may be an AAP or community engagement working group or an interagency project (like a hotline) coordinator. Make sure they are fully aware of the HNO process ahead of time and can plan their input into any interagency assessment and analysis process. If there is no formal community engagement coordination structure, gather information from media development agencies, clusters strong on community engagement (eg. CCCM or Protection Cluster) or NGOs. There may not always be a Community Engagement/ AAP focal point in OCHA, but there are always groups in-country working on systematic community engagement. For help finding them, contact [OCHA’s Community Engagement and AAP Global Focal Point](https://unitednations.sharepoint.com/sites/OCHAAAP), [IASC Results Group on Accountability and Inclusion](https://interagencystandingcommittee.org/results-group-2-accountability-and-inclusion) or the [Communicating with Disaster Affected Communities (CDAC) Network](http://www.cdacnetwork.org/).
* Ensure joint assessment (or that done by one agency on behalf of the humanitarian community, such as REACH or JIPS) includes questions on community perceptions of the response and information and communication needs. You can find a menu of [ready-to-go questions here](https://interagencystandingcommittee.org/accountability-affected-populations-including-protection-sexual-exploitation-and-abuse/news-52).
* Find out whether specialized agencies have done community perception surveys or community information preference mapping and include the information in needs analysis.
* Ensure joint analysis includes information on damage to media and communications infrastructure in country if relevant. Involve where activated, the [Emergency Telecommunications Cluster](https://www.etcluster.org/), expert agencies such as [TSF](https://www.tsfi.org/en/) or [Internews](https://internews.org/) and local media agencies and authorities to obtain this information.
* Promote the use of open questions such as “what are your top priorities?” and the preferred means of delivery (in-kind, vouchers, cash).
* It is also a good idea to ensure assessments include community capacities, not just needs.

***Writing your HNO***

Once you have the information from the above assessment process, it needs to be analysed and included in the HNO. HNOs with usefully-integrated community engagement components clearly demonstrate three primary things: **Involvement** of communities in the assessment process, **community information and communication needs and community prioritisation of needs.**

**DO**

* Include information on which communities contributed to needs assessment processes and how. Where assessment information has been validated with community members, this should be referenced. This information can appear throughout the HNO in footnotes or as part of section 4.1 (data sources), but it must be clear and detailed. It should also make note of which communities or groups *weren’t* involved and why. This will not reduce your AAP scoring but rather demonstrates accountability and highlight participation needs to inform the HRP.
* Make specific effort to relate and compare people’s own priorities as expressed through the assessments or other communication means (e.g. hotlines, boxes etc.) to needs identified by agencies and clusters with their own analyses. In some cases, needs and priorities identified by agencies or clusters using their indicators and thresholds will not match those identified by people themselves. Reasons for these discrepancies, or plans to find out more about them in future, should be explained.
* Include a dedicated section outlining youranalysis of community information and communication needs. In current best practice, this section outlines community information gaps, perceptions, priorities, preferred means to participate and provide feedback and barriers to response-wide community participation. **NB:** If there is a community engagement coordination structure linked to the ICCG, they may be best place to draft this information.

**DO NOT**

* Simply include a small ‘box’ stating generic AAP commitments. This is useless to an HNO as it cannot lead into a programmatic common community engagement approach in an HRP.
* Assume that community quotes throughout an HNO reflect community engagement. These are an effective communications tool but are notreflective of systematic community engagement.
* Include community perception data and analysis on satisfaction of aid and services. This is not ‘needs-based’ data, instead this should be integrated into the HRP.

***Finalising, validating and using your HNO***

* Where one exists, validate the HNO text with the community engagement coordination structure.
* Ensure the HNO is used to specifically highlight to donors and partners community engagement needs for the response.
* Note that community information and communication needs are evolving and will change over time. Additional assessments may be required to define the community engagement approach in an HRP.

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| **Recommended considerations by section** | |
| **0.2 – Key Findings** | Views, positions and perceptions of the affected people, as well as a summary of community information needs must be highlighted. |
| **1.4 – Humanitarian Consequences** | When describing humanitarian consequences – the effects of stresses and shocks on the lives and livelihoods of people, and their resilience – partners need to integrate people’s own expression of their priority needs and explain how they align with or differ from the external analysis. Where relevant, describe how perceptions are differentiated by sub-group.  In defining humanitarian consequences, partners are to consider feedback mechanisms (which channels work in the context). |
| **2 – Risk Analysis and Monitoring of Situation and Needs** | Partners should seek data from diverse community groups to inform risk analysis at the national and sub-national levels. |
| **3 – Sectoral Analysis** | Sectors are to highlight how sectoral needs respond to priorities expressed by the affected population. |
| **4.1 – Data Sources** | Partners need to clarify which and how information was gathered directly from the affected people, and explain how it was analysed and acted upon, and how the feedback mechanisms were used. |
| **4.2 - Methodology** | When describing how the analysis was done, the HNO will need to indicate if it was shared with affected people and how their own priorities were taken into account. |
| **4.3 – Information Gaps and Limitations** | Community information gaps and barriers need to be included, so that programming to address them can be included in the HRP. |

For additional resources and support: <https://unitednations.sharepoint.com/sites/OCHAAAP>

1. https://interagencystandingcommittee.org/accountability-affected-populations-including-protection-sexual-exploitation-and-abuse/documents-61 [↑](#footnote-ref-1)
2. These four areas are reviewed and scored as part of an inter-agency HNO scoring process. [↑](#footnote-ref-2)